

IN

Certified Death Certificate
MADISON COUNTY DEPARTMENT OF HEALTH
Division of Vital Statistics
Anderson, Indiana

Decedent's Legal Name DIANA LYNN ZEABART				Name Before 1st Marriage ZEABART		Sex FEMALE	Time of Death 04:45 PM	Date of Death 11/06/2021
Social Security Number 305-78-8205	Age-yrs 61	<input type="checkbox"/> under 1 year	<input type="checkbox"/> under 1 month	<input type="checkbox"/> under 1 day	<input type="checkbox"/> under 1 hour	Date of Birth 08/05/1960	Birthplace INDIANA	
Place: Facility or Street Address EDGEWATER WOODS						City, State, and Zip Code ANDERSON, IN 46011		
Marital Status At Time of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown				Surviving Spouse's Name		Spouse's Name before 1st Marriage		
Residence: Street, Apt, City, State, Zip 449 MAIN STREET, ANDERSON, IN 46016								
Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		Decedent of Hispanic Origin NO		Decedent's Race WHITE				
Parent's Name CORVAL ZEABART		Parent's Name SHIRLEY ZEABART				Name before 1st Marriage HENDERSON		
Informant's Name KRISTINA ANDERSON				Relationship to Decedent DAUGHTER				
Method of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):				Place of Disposition ANDERSON MEMORIAL PARK		Location - City and State ANDERSON, INDIANA		
Name of Funeral Facility ROBERT D. LOOSE FUNERAL HOME				City and State of Funeral Facility ANDERSON, INDIANA				
Cause of Death								
<p>A. MYOCARDIAL INFARCTION</p> <p>B. CHRONIC BRONCHITIS</p> <p>C. CIGARETTE USE</p> <p>D.</p>								
Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined								
Person Certifying Cause of Death ARMAND VICTOR GALLANOSA			License Number 01045415		Certifier <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			
File Number: 2021-1384				Date Issued: 11/15/2021				



Stephen J. Wright

Dr. Stephen J. Wright, MD
Madison County Health Officer